



## Expedited Partner Therapy (EPT)

Expedited Partner Therapy (EPT), defined as treatment of partners without an intervening personal assessment by a health-care provider, is an accepted method of treatment for sexually-transmitted *Chlamydia* infections in North Dakota (ND Administrative Code, Chapters 50-05-01-01, 54-05-03.1-10 (8), 61-04-04-01 (21)). EPT may be implemented by any of several methods but predominately is done by patient-delivered partner therapy, where clinicians provide their patients' drugs intended for their partner(s) or write prescriptions in the partners' names.

EPT is at least equivalent to patient referral in preventing persistent or recurrent *Chlamydia* infection in heterosexual men and women, and in its association with several desirable behavioral outcomes. These conclusions support the following recommendations:

- **Chlamydial and gonococcal infection in women:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Male partners should be encouraged to seek medical attention, in addition to accepting therapy by EPT, through counseling of the original patient, written materials, and/or personal counseling by a pharmacist or other personnel.
- **Chlamydial and gonococcal infection in men who have sex with women:** EPT can be used to treat partners as an option when other management strategies are impractical or unsuccessful. Female partners should be encouraged to seek medical attention, in addition to accepting therapy by EPT, through counseling of the original patient, written materials, and/or personal counseling by a pharmacist or other personnel. It is particularly important that female recipients of EPT who have symptoms that suggest acute PID, such as abdominal or pelvic pain, or who are pregnant seek medical attention.
- **Chlamydial and gonococcal infection in men who have sex with men (MSM):** EPT should *not* be considered a routine partner management strategy because data are lacking on the efficacy in this population, and because of a high risk of co-morbidity, especially syphilis and HIV, in partners.
- **Gonorrhea:** Partners being treated for gonorrhea exposure should be informed that the oral medication cefixime is an alternative, no longer a recommended, treatment for gonorrhea. Cefixime is an alternative therapy and can still be used for EPT. Cefixime 400 mg and azithromycin 1 g used for EPT are not as effective for treating pharyngeal gonorrhea infection, compared with an injection. Recommended therapy for gonorrhea (ceftriaxone 250 mg IM plus either azithromycin 1 g orally or doxycycline 100 mg orally twice a day for 7 days) is available in many clinical settings. If partners are at risk for pharyngeal infection (i.e., history of performing oral sex), they should be informed that the EPT medication may not cure pharyngeal gonorrhea in all patients and that they should be seen by a medical provider.
- **Syphilis:** EPT is *not* recommended for routine use in the management of patients with syphilis.

Written materials accompanying medication should include information about *Chlamydia*, symptoms of infection, instructions for administration of medication, potential adverse effects, and a notice encouraging exposed individuals to seek medical attention. More information about EPT, guidance for medical providers and an EPT tool kit is available at [www.ndhealth.gov/STD/Expedited/](http://www.ndhealth.gov/STD/Expedited/).

Resource: Adapted from *Expedited Partner Therapy in the Management of Sexually Transmitted Diseases Review and Guidance*, U.S. Department of Health and Human Services Public Health Service, Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention ([www.cdc.gov/std/ept/](http://www.cdc.gov/std/ept/)).

**For more information contact the NDDoH STD Program at 800.472.2180 or 701.328.2378.**